

Entered - 7-18-00 - sb
CL 00L0438 - GWENDOLYN BURNS

01-R-0130

CLAIM OF: **ELLA L. HOLLAND**
1001 Chivers Street, #356
Atlanta, Georgia 30318

For bodily injuries alleged to have been sustained when a sanitary sewer clean out drain in the sidewalk was left open and in an unsafe condition on June 15, 2000 at Pharr Road, NE & Look Out Road, NE.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **ELLA L. HOLLAND** the sum of **\$1,621.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for bodily injuries alleged to have been sustained when a sanitary sewer clean out drain was left open and in an unsafe condition in the sidewalk on June 15, 2000 at Pharr Road, NE & Look Out Road, NE. as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED:

**SUSAN PEASE LANGFORD
CITY ATTORNEY**

BY:


**ROBERT N. GODFREY
DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0438

Date: January 19, 2001

Claimant /Victim ELLA L. HOLLAND
BY: (Atty) (Ins. Co.) _____
Address: 1001 Chivers Street, #356, Atlanta, Georgia 30318
Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ _____
Date of Notice: 7/17/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 6/15/00 Place: Pharr Road, NE & Look Out Road, NE
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant sustained bodily injuries when she stepped into a sanitary sewer clean out drain that had been left open and in an unsafe condition in the sidewalk.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,621.00 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____
Claims Manager:  Concur/date 01-19-01
Committee Action: _____ Council Action _____

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0438

\$ 1,621.00

IN CONSIDERATION of the sum of ONE THOUSAND SIX HUNDRED TWENTY-ONE DOLLARS AND NO/100 DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City, its officers and employees, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on account of a bodily injury incident which occurred on or about the 15th day of June, 2000, at or near Lookout Road, NE and Pharr Road, NE

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this 18th day of January, 20 00

Ella L. Holland (LS)
Ella L. Holland

The above release was read and explained to, and signed by the said (Ella L. Holland) in our presence on the date above written.

Kimberly Barber
Shadya M. Hunt
WITNESSES

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES 07/19/00

Today's Date: 7-7-00 DB

Dear Municipal Clerk:

ENTERED - 7-18-00 - SB
00L0438 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ # 2,78.80 property and/or \$ Atlanta bodily injury for which I contend the City is liable.

1. Date of incident: 6-15-00 (month/day/year) 2. Time of Incident: 10:20 AM 3. Police called: 10:30 Yes No

4. Location of incident (including street address): 475 Buck Ave. Atlanta 30305 on Pharr

5. Name of your insurance company: Lookout Rd. Policy No. _____

6. State what and how incident occurred: I had the marta bus from Lindbergh station. Bus No. 40. i got off ON Pharr and Maple i need to get off ON Pharr, Peachtree Street. So i started to walk back the other way to five s. Pharr. H. When step in a hole that I did not see.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Gella L. Holland
Signature of Claimant

Gella L. Holland
(Print Claimant's Name)

1001 Chivers St #356
(Address)

Atlanta Ga. 30318
(City, State and Zip Code)

656-32-55, 404 794-28-65
(Work Number) (Home Number)

**MARTA POLICE DEPARTMENT
SUPPLEMENTAL REPORT**

95-0130 (B) (1/87)
MARTA POLICE - CASE NUMBER
10075055

OTHER JURISDICTION
CASE NUMBER
001670933

REPORTING OFFICER
S. Williams

BADGE
134

PAGE **2** OF **2**

☒ ORIGINAL REPORT

☐ SUPPLEMENTAL REPORT

☐ INVESTIGATORS REPORT

☐ CHANGE OF STATUS

**1500 AT 1020 hrs T. (OFF. Williams) was dispatched to
adhergh MARTA station bus loop in reference to an injured
at the #38 bus stop.**

**when I arrived I was met by Mr. Ella Holland who
me that she was walking down Pharr. rd. near
intersection of peachtree st. and stepped in a hole. About
2 inch gash was cut about midway on her
left leg. She pulled herself up and proceeded to
the station on the #38 bus driven by operator (unintelligible)
#56.**

**Grady EMS #164 responded and transported Ms.
to Grady hospital.**

PROPERTY ☐ WARRANT ☐ MISSING PERSONS ☐ VEHICLE ☐ ARTICLE ☐ BOAT ☐ GUN ☐ SECURITIES
☐ OTHER _____

ELDS
REPORT ☐ CLEARED BY ARREST ☐ EXCEPTIONALLY CLEARED ☐ UNFOUNDED
ICE ☐ ADULT ☐ JUVENILE ☐ ACTIVE

REPORT DATE
01/15/02
REPORT TIME
1100

RESIGNED, BEING DULY SWORN, UPON HIS/HER OATH, DEPOSES AND STATES THAT THIS REPORT IS TRUE,
COMPLETE, AND LEGIBLE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

710
ASSIGNMENT

[Signature]
SIGNATURE OF OFFICER

134
BADGE NUMBER

AND SUBSCRIBED BEFORE ME THIS **15** DAY OF **June** **1200** SIGNED **Sgt. A.L. O'Neil**

01-R-0130
SUPERVISOR BADGE NUMBER **6204**